Health and Welfare Canada
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Guidelines

for

Investigative Interviewing of

Child Victims of Sexual Abuse

by
Mary Wells
Coordinator, Support Services
THE METROPOLITAN CHAIRMAN'S SPECIAL COMMITTEE ON CHILD ABUSE

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THE METROPOLITAN CHAIRMAN'S SPECIAL COMMITTEE ON CHILD ABUSE

Guidelines for Investigative Interviewing of Child Victims of Sexual Abuse

FOREWORD

These guidelines were originally prepared as a discussion paper at an interdisciplinary training session to inaugurate the Child Sexual Abuse Protocol in Metropolitan Toronto. They have been revised following consultation with police, child welfare social workers and the Crown Attorney's Office.

These guidelines cover a number of areas considered to be of key importance in conducting an investigative interview, including:

- Feelings - the child's/the interviewer's
- Checklist
- Preparing for the interview
- Seating arrangements
- Establishing trust
- A neutral location
- Background information
- Getting started
- Children's sense of time
- Children's language
- Use of aids: drawings, dolls
- Validating the child's credibility
- Concluding the interview

It is possible to obtain complete information even from reluctant children, very young children and children with poor verbal or mental ability. Keep in mind that the child's anxiety may be acting as a block. Move in a gentle but firm progression from less sensitive to more sensitive areas. Move on as you sense the child becoming more comfortable with you. Listen carefully, encourage the child to continue until she and you are sure you have the whole story. Do not make promises or ask leading questions. Aids such as drawings and dolls can be invaluable for depicting what children are unable to express verbally. Verbal labels can then be attached to what the child has depicted or demonstrated. Conclude the interview carefully, letting the child know she has done very hard work. Give her as much information as possible and let her know that your interest will continue and she will be cared for.

The author wishes to acknowledge the contributions of numerous professionals who freely shared both their successes and failures so that we could all benefit. Thanks also to Lorna Grant for her advice and editorial eye.

Finally, and most importantly, this paper is dedicated to Kim, June, Pauline, Maureen, Janice, Liz, Jean, Gord and the many others whose courage and perseverance have inspired all of us. They serve as constant reminder that, together, we can stop the hurting.

INTRODUCTION

These guidelines have been prepared to assist child welfare and police personnel conducting an initial investigative interview of a child where there has been an allegation of child sexual abuse. They are designed for use in conjunction with the Child Sexual Abuse Protocol, which outlines a co-ordinated community approach now being implemented in Metropolitan Toronto. These guidelines will facilitate an in-depth interview by professionals with a mandated responsibility to conduct investigations. Professionals (such as teachers, public health nurses and so on) who are mandated to report child abuse should not undertake an investigative interview. They should refer instead to "Talking to the Child Who May Have Been Sexually Abused - Suggestions for Reporting Professionals".(1)

It should be kept in mind that the methods described on the following pages have proven both practical and effective. Suggestions apply, in most respects, to all age groups and can prove useful in interviewing even very young or handicapped children with poor verbal skills. However, each child and each situation will present unique features. Interviewers should feel free to adapt and respond in ways they feel are appropriate for the circumstances.

The goals of the investigative interview are to: (a) assure protection of the child, and (b) determine whether an offence has occurred. Whenever possible, the interview should be tape-recorded to avoid the necessity of interviewing the child again later. A sexually abused child will likely be highly anxious at the prospect of talking about the details of the abuse. Prolonging the disclosure over more than one interview can increase the anxiety further. The child is likely to talk more spontaneously at the time of the crisis than she will later. Therefore, the first interview of the child should be comprehensive and aimed towards gathering all information immediately required.

A number of factors should be considered in interviewing the child. Perhaps among the most important are the knowledge and experience of the investigators. Children reporting sexual abuse should be presumed to be telling the truth. Every report warrants a full investigation, even in the face of initial denial by one or more of the individuals. False denials of sexual abuse are more common than false reports.(2)

In these guidelines, the victim is referred to as "she" and the offender as "he", reflecting current occurrence statistics.

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(1) "Talking to the Child Who May Have Been Sexually Abused - Suggestions for Reporting Professionals". The Metropolitan Chairman's Special Committee on Child Abuse, September 1983.

(2) Child Sexual Abuse Protocol. The Metropolitan Chairman's Special Committee on Child Abuse, November 1983. pp.IV, V.

FEELINGS - THE CHILD'S/THE INTERVIEWER'S

The Child's:

When it has just been disclosed that a child has been the victim of sexual abuse, the child experiences a new crisis in life. That which has been previously a secret now has come out into the open. The child's feelings of shame, guilt, anxiety, fear and confusion are exposed for the first time to adults who are outside the abusive relationship and outside the child's family. The child wonders if she will be believed, wonders if people will be angry, disappointed or rejecting of her. It is possible that she may not have deliberately disclosed that she has been sexually abused. If this is the case, she may be reluctant to talk and fearful of the implications. The child may have been bribed, coerced or threatened into maintaining the secret. It is common for abusers to tell the child she is responsible for the abuse, that if she tells anyone she may be responsible for the abuser going to jail, the breakup of the family. She may have been told that her mother will have a nervous breakdown or no-one will believe her if she discloses.

The Interviewer's

Even experienced investigators may experience a sense of shock, revulsion or outrage at the offender. The child, however, may not be feeling this way at all. If the child senses a horrified response from the adult, it communicates to the child that she has been involved in something of which she should be ashamed. This has the effect of increasing the trauma the child has already experienced. **While it is critical that the interviewers be both self-aware and empathetic, they should not convey their own feelings to the child. Rather, they should be encouraging and supportive, but neutral.**

CHECKLIST

Interviewers should assess the child's level of maturity and understanding of sexuality and functions of various body parts in securing the following information during the first interview:

- chronological age
- family relationships
- cultural/social background
- name of the offender; his present location
- the relationship of the child to the offender
- the duration and extent of the abuse
- what happened **in detail**, when it happened, where, and how often
- date/time of last occurrence; likelihood of physical evidence
- names of anyone else having knowledge of the abuse
- names of anyone else involved in or observing the abuse
- whether the child has been bribed, threatened and/or physically harmed at any time

- whether the child been bribed or threatened to either a) take part in the activity or b) keep the activity secret
- names of anyone the child has told in the past and what happened
- if the child has not told the non-offending parent(s), is she able to say why
- child's assessment of current situation and what should happen next, e.g. does she have support; is she safe at home, etc.

PREPARING FOR THE INTERVIEW

Interviewing a child is considerably different than interviewing an adult. Children are less verbal than adults and often communicate non-verbally through their behaviour, play or art. If there will be two interviewers (such as a police/child welfare team), they should decide in advance who will take the lead and adopt the primary interviewing role. **The interview should take place in a neutral location,** if possible away from where the alleged abuse occurred.(3)

The interviewers should arrange seating in as non-threatening a manner as possible. Do not tower over the child. Try to avoid having two adults confronting the child face-to-face. Instead, try having the interviewers sitting on either side of the child or one interviewer facing the child, one sitting beside the child. The child should be asked if she wants anyone else present (for example, her mother). If she requests this, the person should sit behind the child, out of the child's direct view.

Begin the interview armed with as much information as you can obtain. It helps to know the child's name, nickname, parents' names, brothers' and sisters' names, pets if any, name of the child's school, teacher, grade. Attempt to obtain any other relevant information that may colour the child's response: is she mentally or physically handicapped, has she been sick recently, has there been any recent trauma in the family (death, divorce, moves etc.)? -and so on. It is also important to know as much as possible about the circumstances leading up to the disclosure of abuse.

OBTAINING THE CHILD'S STATEMENT

Keep in mind at all times that you may not suggest what may have happened or ask the child leading questions. You must **never offer a reward for talking or a threat of some retribution if she does not talk.** Children respond better when you **go from the general to the specific and from the less sensitive to the more sensitive areas** in a gentle but persistent progression.

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(3) Child Sexual Abuse Protocol. p.4.

Getting Started:

Tell the child your name(s) and what your jobs are, (i.e. police officer, social worker). Tell the child that your job is to help children who may be having a problem. Tell the child that you have been told that she has been having a problem and you need to talk with her. Tell the child she can help you to do your job if she will talk with you now. (Children often respond well to a request to help an adult).

At this point, introduce the audio-tape. Tell the child it helps you to do your job if you can put your talk with the child onto tape. Show the child how the machine works and allow her to play with it. Start the tape, play it back, allow child to talk into it, then say you are going to start the tape so that from now on, everything everyone says can be recorded. Tell the child everything now will be recorded so everyone should leave the tape alone.

(You may find however, that the the child will want to periodically speak or sing into the microphone. Permit this for a minute or so as long as the tape is not turned off. Children do this kind of thing to discharge anxiety). If you let them play a little it will reduce their anxiety. Do not get into a power struggle with the child over the tape recorder!

Establish the purpose of the interview by saying that "We have been told that something has been happening to you that you don't feel quite right about. We have been told you have been having a problem with (name alleged offender) and we would like you to talk about it". Then return to the concrete information that is non-threatening. For example, ask the child if she remembers the day about which you have information. Ask if something happened, can the child talk about it. Say that it's important to talk if something happened and it's okay to talk. Tell the child that the interviewers have talked with lots of children -and that if something has happened, the interviewers can help, but they need to hear from the child first.

Children's Sense of Time:

Children do not relate to time the way adults do by referring to dates, hours, etc. Rather, they relate to birthdays, holidays, seasons, night and day, special events or the time certain shows are on television. Ask the child where the child was when the alleged incident occurred, who else was present, who else may have been nearby. Ask the child if she remembers if it was a school day or a holiday. Ask when she got up, what did she have for breakfast, what did she wear, what was the weather like, did she go out of the house, what did she do, did she come back to the house, etc. Lead the questions toward the time of the alleged incident.

Children's Language:

Allow the child to tell the story in her own words. Young children may know only slang words for parts of their bodies and may be embarrassed to say them. Tell the child that her own words are okay. Adolescents may use formal or technical words. Ask questions to assure yourself that you and they understand the same meaning for the words. (For example, if an adolescent says "make love", do not assume she means vaginal intercourse. Ask them precisely what happened in terms of placement of hands, penis, vagina, enlargement of penis, semen emerging and so on.)

When the child talks, nod your head and repeat the words the child is using. When the child pauses, help her to continue talking by saying "and then what happened". You may say something like "You have told me he touched you, can you show me where he touched you?" Only after the child has begun talking and is describing an incident, should you press for clarification of details; - "Where were his hands, where were your hands?" "Were your clothes on, were his clothes on, who took them off?" "Was he saying anything, what was he saying?" Let the child know she is doing well by giving you complete information. If she is showing distress, let her know that you know she is upset, that you understand how hard this is, but it is a good thing to talk about it. **Do not ask directive questions** or questions that suggest a response such as "Did he touch you on the breast?" This must be volunteered by the child. Such information must emanate from the child, not the interviewer.

USE OF AIDS

Drawings:

Some children may respond better if they are given an opportunity to express themselves in drawings before they have to commit themselves with words. If possible, drawing materials should be out on the table before the interview begins. The child may initiate drawing. If the child is not talking or drawing, one of the interviewers can take pen and paper (bright coloured felt pens or crayons are ideal) and begin drawing. Stick to the concept of beginning with less threatening matters. The interviewer could draw herself, the police station, the school, the neighbourhood. Draw a picture of the interviewer talking to the child. Leave the faces blank, invite the child to fill in the faces. Encourage the child to take over the drawing. Respond to the kind of expression you see. For example, ask "Is that a sad face? Is this an angry face?", then ask the child to draw her house, brothers, sisters, mother, father, the alleged offender (if it is not the father) ask the child to tell you their names, to describe the expressions on their faces. It can be helpful to assist the child in drawing a diagram of her house or wherever the abuse occurred. This can be used to clarify location of the abuse, sequence of events, location of other persons at the time of the abuse.

Dolls:

Anatomically-complete dolls can be a useful tool in interviewing a sexually abused child. They may be used to help a silent child talk or they may be used to clarify information the child has given you verbally.

if you have dolls, have them in view, fully clothed, before you begin the interview. You may introduce the dolls by either pointing to them or holding them in your lap. If you are holding the dolls, try to remember that the dolls symbolize the child. They should be held gently, in a cuddling fashion. If you are not comfortable holding dolls, leave them in a chair or sitting close together on a shelf. Tell the child the dolls are special because they have all their body parts. Tell the child she can look at them or undress them if she wishes.

Allow the child to approach the dolls. **Do not hand the dolls to the child. It works much better if the child initiates handling the dolls.** If the child does not want to handle the dolls, tell the child that it is okay and go back to drawing.

If the child wishes to use the dolls, allow her to explore the dolls for a few minutes with no comment on your part except approving nods, etc. The child may show embarrassment, laughter at the genitals. You could **ask the child what she calls the body parts** as she comments or touches the penis, vagina, rectum, etc.

Ask the child if she knows which is the girl doll, the boy doll, the woman doll, the man doll. Ask how she knows. (She will likely point out the obvious differences). If the child has been abused, she may demonstrate aggression between the dolls by hitting them against each other or throwing them around. Make comments on what you are seeing: "He's hitting her, she's beating him up". (Sometimes abused children will symbolically beat their abuser by making the child doll beat the adult doll).

The child may depict sexual acts in the doll play by putting one doll on top of another and making the dolls simulate sexual activity. Tell the child what you see she has the doll doing, "The man doll is on top, the girl doll is on the bottom, they are doing something. What are they doing? Can you tell me?". - Do not interpret beyond this point, rather, ask the child if anything more is happening. If the child tells you or shows you more, keep listening and asking about more until the child says that is all.

Then **ask the child if she knows any names to describe what she has been showing you.** "Does the girl doll have names for it, does the man doll have names for it?" "What does the man doll say while it is happening, what does the girl doll say?" Ask if there are other people around, for example, "Where is the Mummy doll?" Ask the child if she has seen this happen, and if she has, to whom it has happened. If she says it has happened to herself, ask who was the offender ("person doing these things"), and then begin questioning about time, locations, frequency. The child will likely continue to play with the dolls and may attempt to head the conversation off topic. Allow her to play, tell her she is doing a good job, you know it is hard and she needs to help you by talking a little more until you are finished.

The dolls should be reclothed and put back in their places before the child leaves the room. The child may do this or you may help her. This activity symbolically tells the child that what she has shown you and spoken about are finished, the lid is back on and she does not need to talk anymore.

VALIDATING THE CHILD'S CREDIBILITY

A useful framework for validating the child's complaint has been developed by Dr. Susan Sgroi who has found that the presence of certain characteristics tend to enhance the credibility of the child's story:

1) The presence of multiple incidents occurring over time.

2) Progression of sexual activity from less intimate to more intimate types of interaction.

3) Elements of secrecy.

4) Elements of pressure or coercion.

5) The child should be able to give explicit details of the sexual behaviour. When establishing this criteria, the interviewer must review the methodology used in the interview and be satisfied that the methods used were conducive to allowing the child to articulate this information.(4)

CONCLUDING THE INTERVIEW

A child disclosing sexual abuse has usually revealed her deepest, most confusing and frightening thoughts. The child needs praise, reassurance, protection. Give her as much information as possible about what will happen next. Ask the child what she would like to see happen next. Try to agree to one request (i.e. let her talk to her mother, have a drink, have something to eat, etc.).

You may wish to briefly explain to the child that what the person did to her is against the law and the police may lay charges against the person involved. If she asks if the person will go to jail, tell her that sometimes happens, but that the decision on that is up to a judge, and everyone involved would like to see the person get help so he stops doing these things.

If you have decided to take the child into protective custody, tell her that you will have to talk about this to a judge who looks after family problems and the judge will make a decision about her staying where she is safe. Tell the child that she will be able to talk to the judge and if she wishes, she can have a lawyer to help her to do this.

Tell the child that you will be staying in touch and keeping an eye on her to be sure she is all right.

As the interview ends, you may be entrusting the child to another adult. (It may be a non-offending parent or it may be someone else). Tell the person in front of the child that the child has done very hard work, you are pleased with her, that she is probably very tired. If you will be interviewing the child again, tell her so and give her an idea of when it may take place.

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(4) Sgroi, Suzanne M., Handbook of Clinical Intervention in Child Sexual Abuse. Toronto: D.C. Heath and Company, Lexington Books, 1982. pp. 71-73.

A Final Word to Interviewers:

A children's therapist who was herself a victim of sexual abuse for many years as a young child has said that she wishes someone had given her the opportunity to "tell" when she was a child. She recalls looking at a teacher and wondering if she could tell this person but never had an opening she could use. Children need adults to listen to them carefully and seriously. Sometimes they need adults to help them express things that are very difficult to articulate.

These guidelines have been prepared in the hope that children will be protected from further abuse as more professionals become skilled in conducting investigative interviews.

The gentle but persistent progression outlined in these guidelines has proven to be a helpful method in assisting children to disclose the secret of child sexual abuse.

Further Reading:

Child Sexual Abuse Protocol. The Metropolitan Chairman's Special Committee on Child Abuse, November, 1983.

"Talking to the Child Who May Have Been Sexually Abused - Suggestions for Reporting Professionals". The Metropolitan Chairman's Special Committee on Child Abuse, September 1983.

Berliner, Lucy, Interviewing Child Victims, Guidelines for Criminal Justice System Personnel. Sexual Assault Center, Harborview Medical Center, Seattle, Washington, 1979.

Sgroi, Suzanne M., Handbook of Clinical Intervention in Child Sexual Abuse. Toronto: D.C. Heath and Company, Lexington Books, 1982.